



APPLICATION FOR ACCESS TO RECORDS MAINTAINED AT MONROE COUNTY HEALTH DEPARTMENT

Return To: FOI Officer, Room 976
Monroe County Department of Health
111 Westfall Road
P.O. Box 92832
Rochester, New York 14692-8932

I hereby apply to : ☐ inspect *

☐ obtain a copy of the following record(s) **: _____

Please print name

Signature

Representing (if applicable)

Date

Mailing address

Telephone number

City, State, Zip code

Fax number

FOR AGENCY USE ONLY:

| | |
|---|---|
| <p>Approved ? Denied ?</p> <p>For the reason(s) checked below:</p> <p>? Confidential Disclosure</p> <p>? Part of investigatory files</p> <p>? Unwarranted invasion of personal privacy</p> <p>? Record is not maintained by this agency</p> <p>? Records for which this agency is legal custodian cannot be found</p> <p>? Exempted by statute other than Freedom of Information Act</p> <p>? Other: _____</p> | <p>FOI Number: _____</p> <p>Date Received: _____</p> <p>Assigned To: _____</p> <p>Program Area: _____</p> <p>Date Applicant Contacted: _____</p> <p>Date File Review: _____</p> <p>Audit Fee Applicable? Yes No</p> <p># of Copies: _____</p> <p>Fee Waived: Yes No</p> <p>Amount Billed: _____</p> <p>Invoice #: _____</p> <p>Date Info Sent Out: _____</p> <p>Date of Closing Letter: _____</p> |
|---|---|

*An **Audit Fee** of \$40.00 will be applied to environmental assessments or property audits filed by attorneys or environmental consultants. (This fee will be automatically billed and is in addition to the record duplication charge.)

A **Record Duplication charge of \$.25 per (8.5 x 11") page is payable to Monroe County Department of Health.

NOTICE: You have the right to appeal denial of this application.

I hereby request an appeal _____

Signature

Date